

STATE OF CONNECTICUT
State Innovation Model
Health Information Technology (HIT) Council
Meeting Summary
Friday, August 21, 2015
10:00-12:00p.m.

Location: Room 1B of the Legislative Office Building, 300 Capitol Avenue Hartford, CT

Members Present: Roderick Bremby; Anne Camp; Anthony Dias; Tiffany Donelson; Ludwig Johnson; Vanessa Kapral; Matthew Katz; Jessica DeFlumer-Trapp; Mike Miller; Mark Raymond; Sheryl A. Turney; Josh Wojcik

Members Absent: Thomas Agresta; Patricia Checko; Michael Hunt; Alan Kaye; Philip Renda; Amanda Skinner; Victor Villagra; Moh Zaman

Other Participants: Michelle Moratti; Minakshi Tikoo; Vicki Veltri

The meeting was called to order at 10:00am. Commissioner Roderick Bremby and Mark Raymond co-chaired the meeting.

1. Introductions

Commissioner Bremby initiated roll call. Council members announced themselves.

2. Public Comment

There was no public comment.

3. Minutes

Co-chair Mark Raymond motioned to approve the June 19th HIT Council meeting minutes. The motion was seconded by Sheryl Turney and the minutes were approved.

4. HIT Charter Review and Confirmation

Commissioner Bremby reviewed other SIM Work Group Charters in relation to the HIT Council's Charter. At the request of the Health Innovation Steering Committee (HISC), administrative staff formatted the HIT Charter to resemble the charters of other Work Groups. The HIT Charter includes key questions around access, connectivity and exchange, quality, and roles and responsibilities. Matt Katz asked if the information included in the HIT Charter matches the Charter information approved during an earlier HIT Council meeting. Commissioner Bremby confirmed that the Charter content remains largely unchanged except in format, sentence structure, and small modifications to the guiding principles to address the HISC concerns. The Charter's revision aims to be responsive to the HISC while fundamentally resembling the look and feel of other Work Group charters.

Tiffany Donelson asked if the Council will be looking at solutions based on due diligence, or if it is limited to those that were in the grant. Commissioner Bremby said that given the timeline, the Council may need to take parallel paths while validating what is presented. Dr. Tikoo said the Council needs to identify a process for introducing new technologies. Mr. Katz clarified Ms. Donelson's point, citing the discrepancy between the second sentence in the Charter that charges the group with reviewing "current and proposed technologies cited in the SIM Model Test Proposal" and item nine under "Connectivity and Exchange," that asks

the Council to identify a “process for introducing and considering new technology and innovation alternatives to those cited in the SIM proposal.” Commissioner Bremby suggested adding “or others as needed” to the second sentence of the Charter to bridge the two items appropriately.

Mr. Katz motioned for the second sentence in the Charter to be revised to read: *“This work group will review current and proposed technologies cited in the SIM Model Test Proposal or others as needed to understand capabilities and uses for the Test Model, will work collaboratively with the Quality, Practice Transformation, and Equity & Access work groups to develop a high level HIT schema of technologies and data interactions that align SIM initiatives, and will describe the implementation approach/roadmap for recommended technology solutions that are scalable, adaptable, and based on national standards.”* All members approved.

Mr. Katz motioned to recommend the entire revised document to HISC. Jessica DeFlumer-Trapp seconded the motion. The motion was approved unanimously.

5. HIT Environment and Lessons Learned from Other States

Minakshi Tikoo oriented Council members to the HIT Council notebook, given as a handout to Council members prior to the start of the meeting. Dr. Tikoo and her team at the UConn compiled the notebook to give Council members a holistic and document based understanding of the SIM HIT initiative. The notebook contains the SIM Model Test HIT narrative, ops plan and budget, the revised HIT Council Charter, the original charter that was presented to HISC, and charters from other SIM workgroups. Dr. Tikoo highlighted that most of the technology identified in the SIM HIT budget are current assets available in CT. Only Consent Registry and Disease Registry are not yet operational. Mr. Katz asked if disease registry is no longer a priority, where will funding be re-appropriated? Dr. Tikoo clarified that the Consent Registry and Disease Registry not yet being operational does not imply that they are no longer a priority. The purpose of reviewing the material is to make sure that everybody has an idea of what was agreed to in the budget and what was proposed as a solution. One of the goals is to provide Direct Messaging access to any provider that does not have it.

Mr. Katz asked how striking a line item would impact funding. Dr. Tikoo said the funding could be reallocated to other technologies or to another technology identified by the Council.

Dr. Tikoo reviewed other model test state’s HIT solutions, outlined in the [meeting presentation](#). Dr. Tikoo opened the floor to discussion. Tiffany Donelson asked how Connecticut will use lessons learned by other states who may be farther along in the HIT implementation process. Commissioner Bremby pointed to the differences in the Connecticut HIT environment compared to other states. For example, Connecticut’s All Payer Claims Database (APCD) is in progress. Additionally, Connecticut does not have a Health Information Exchange (HIE). Senate Bill 811 seeks to procure rather than build a HIE. Ludwig Johnson suggested additional research on HIE cloud solutions such as CommonWell Health Alliance, a low cost HIE solution. Vendors have come a long way and HIEs are built into application functionality so the clinician doesn’t have to leave the system they are using to exchange information.. He commented that many vendors are committed to making data interchangeable. Mr. Katz cautioned the group to consider timeframe and budget when examining a Connecticut solution informed by the progress of another state. Ms. Donelson asked if there were model states identified that Connecticut could look

towards for best practices and lessons learned. Dr. Tikoo said their analysis could include information regarding the technology type, the operating budget, and how long the state has been operational. Commissioner Bremby commented that state information helps to level set. He said states are working towards a basic technological solution for aggregation of clinical and claims data across those two core platforms and are yet to be successful. Mark Raymond commented the state doesn't have twelve years or \$250 million, and urged the group to be cognizant of the key items that allowed model states to make progress. Some states may have broader contracts, more funding, and more time. Ms. Donelson said Connecticut might observe states that are only a few steps ahead in their technological solution to minimize the risk of comparing a Connecticut solution to an unlike environment. Mike Miller said the Council must also look at the true mission and scope of another state's solution before measuring its relevance to a Connecticut solution. Anthony Dias noted that other states encountered setbacks and finally arrived at success. He suggested the group examine what works locally for microcosms or systems at the hospital level. These systems could be scaled up to accomplish what Connecticut is trying to achieve.

Dr. Tikoo informed the Council that the SIM HIT team requested the PMO ask CMMI for a two month extension on the December 1st SIM HIT section of the Operational Plan due date. Dr. Tikoo encouraged Council members to review the CMMI HIT plan guidance, distributed at the June 19th Council meeting and available on the Council website, [here](#), under "CMMI Q&A Session Materials for Reference" in advance of the next Council meeting.

6. PTTF Update on CCIP

Michelle Moratti of The Chartis Group reviewed the Practice Transformation Task Force's Clinical and Community Integration Program work to date, and the technological considerations for emerging program components. Vicki Veltri asked if Ms. Moratti incorporated the feedback given by HISC members following the CCIP presentation on August 13th. Ms. Moratti confirmed that the HISC feedback was incorporated into the presentation.

Ms. Moratti explained that the CCIP programmatic standards are intended to be included in the Medicaid RFP for shared savings. The goal is to move the patient from the periphery of considerations to the center. CCIP providers must be MQISSP providers, but CCIP applies to all patients for that provider, not just Medicaid patients. Medicaid RFP is the vehicle for having the CCIP standards in the community to benefit all patients. Mr. Katz wanted clarification on what the focus of the MQISSP with respect to the SIM. Are the providers that are providing the services presently within the SIM? Mr. Katz asked what Connecticut plans to do for the HIT solution for the short term versus the long term. Commissioner Bremby suggested the Council consider the short term solution while keeping the long term solution in mind.

7. Quality Council Update

Ms. Moratti gave a brief update of the Quality Council design efforts to date. Dr. Tikoo asked if there was a timeline for the Quality Council's completion of the measure set. Ms. Moratti said that the end of September is the target date for measure completion. Mr. Katz asked if the Council had an understanding of how diverse the set will be. He asked how the potential vendor can analyze a yet to be finalized measure set in order to accommodate the current October deadline. The Commissioner said the Quality Council is diligently working towards a measure set. Mr. Katz asked if the HIT timeline would be adjusted if the Quality Council was delayed. Additionally, Mr. Katz remarked that the current timeline leaves little time

between completion of the Quality Council measure set in September and the October HIT deadline. Ms. Veltri remarked that while the Quality Council is trying to cull and narrow the set of measures, those measures may change and evolve over time. She suggested the Council not hold out for a final set to determine a HIT solution. Ms. Moratti added that the pilot can focus less on priority measures and more on creating a solution that exists and adapts to a universe of fluid measures. Mr. Raymond added that the Council think of not specific measures, but the type of measures the solution will solve for.

8. Zato Pilot Approach

Ms. Moratti reviewed the interactions between the HIT Council and Zato to date. Mr. Katz remarked that the final round of Zato answers produced more questions for the vendor. To his knowledge, the Council aimed to review their demo of work in a healthcare relevant environment in Springfield, Massachusetts. Ms. Moratti explained that to her knowledge, the Zato pilot and demonstration were happening in parallel and not in sequence. The Council discussed the benefits of a sequenced versus paralleled approach to the Zato demonstration and solution pilot. Council members expressed concern with starting the pilot before confirming that the solution satisfies healthcare specific technology concerns. Mr. Raymond expressed concern of delaying the pilot launch given the Council's short timeline to stand up the solution. A demo may require deidentifying data and other time consuming processes. He suggested the Council pursue the design of the pilot in conjunction with the demonstration and ultimately use the demonstration as further context in understanding and building the pilot.

Ms. Moratti reviewed the pilot timeline. Mr. Katz asked if the pilot can be launched in September if there is not a clear understanding of the measure set. Commissioner Bremby suggested the use of existing Medicaid measures as a base test to get through the design if the measure work group is still laboring through September.

Mr. Katz motioned for the Council to use the Medicaid measures as a proxy set to test the technological solution if the Quality Council measure set is delayed.

Given the large scope of the pilot, Mr. Raymond suggested the Council not take voting action on each aspect of the pilot. He asked that the minutes state the motion.

Ms. Moratti reviewed the proposed approach to the Zato pilot participation. Dr. Dias suggested that points one, "a workgroup meeting with procurement support to develop RFP specifications" and two, "presentation to HIT in early September for approval," be extended to a later date. Mr. Katz asked if the timeline was most important or having the fundamental foundation. Commissioner Bremby said the Council aims to walk between the two objectives. If the Council finds the measures insufficient to provide a foundation, they would pause.

9. Next Phase Work Group Structure

Ms. Moratti reviewed the proposed next phase of Council work structure. She proposed a the HIT Design Group be sunsetted and, consistent with the phased approach, launch a Pilot Oversight group focused on the Zato Pilot and evaluation of a short term solution, and a Long Term Solution group to work on the long term solution. The two groups will feed information relevant to the technology pilot and long term solution to the Council in parallel. Mr. Katz asked who would be evaluating the Zato demonstration to ensure healthcare compatibility. Ms. Moratti suggested representatives from both groups be

present. Josh Wojcik asked how the pilot oversight group and the long term solution group will focus their work given the breadth of SIM programmatic technological need. He cited the Quality Council's specific quality measures and the more expansive solution needed for programmatic aspects such as the CCIP work. Ms. Moratti said the pilot will focus on the quality measures to test the boundaries of the longer term solution. The longer term solution will ultimately address the programmatic design input from various Councils.

Ms. Moratti suggested the Council launch the group nomination process. She relayed the parameters of membership. It is not appropriate for members of FQHCs or provider organizations who are planning to respond to the Pilot RFA to serve on the work groups. However, provisional appointments can be made pending confirmation of organization participation in the pilot. Nominations for the Pilot Oversight Work Groups were made:

Pilot Oversight Group Nominations:

Provider: Anthony Dias nominated by Matt Katz

Consumer: Tiffany Donelson nominated by Matt Katz

Payer: Sheryl Turney nominated by Mike Miller

State: Jessica DeFlumer-Trapp nominated by Matt Katz

Nominations were approved and the slate was finalized. Commissioner Bremby motioned to approve the Pilot Oversight Group membership slate. Mr. Katz seconded the motion and the slate was approved unanimously.

Technology Pilot Oversight Group Membership:

Provider: Anthony Dias

Consumer: Tiffany Donelson

Payer: Sheryl A. Turney

State: Jessica DeFlumer-Trapp

Nominations for the Long Term Solution Group were made:

Long Term Solution Group Nominations:

Provider: Michael Hunt provisionally nominated by Matt Katz

Provider: Ludwig Johnson provisionally nominated by Anthony Dias

Consumer: Pat Checko provisionally nominated by Tiffany Donelson

Consumer: Victor Villagra provisionally nominated by Tiffany Donelson

Payer: Mike Miller nominated by Sheryl Turney

State: Mark Raymond nominated by Joshua Wojcik

Nominations were approved and the slate was finalized. Mr. Katz motioned to approve the Long Term Solution Group membership slate. Dr. Dias seconded the motion and the slate was approved unanimously.

Long Term Solution Group Membership:

Provider: Michael Hunt (Provisional)

Provider: Ludwig Johnson (Provisional)

Consumer: Pat Checko (Provisional)

Consumer: Victor Villagra (Provisional)

Payer: Mike Miller

State: Mark Raymond

Ms. Donelson asked how the pilot oversight group will inform the long term solution group without duplicate membership between the two work groups. Ms. Moratti explained membership duplication can be revisited at a later date. The membership provision stands to maximize participation of Council members. Dr. Tikoo said that the pilot oversight group will have a limited duration with a very specific function. Dr. Dias said he viewed the two work group structure as the foundation for the method by which the Council evaluates technologies as it moves forward. Commissioner Bremby suggested the process may be reusable moving through the pilots for Zato, CCIP, and beyond.

10. Next Steps

Mr. Raymond motioned to adjourn the meeting. All members approved and the meeting adjourned.